Feedback summary: Quality Conversations spring/summer 2019

Agenda item for the facilitated table discussions: Big conversations and emerging trends - shaping the debate together: what are Scotland's big care topics going to be over the next three years and how can we reflect on, support and respond to them?

Recruitment, retention, staffing, workforce

Summary

This was the biggest topic of conversation across all the events. In the face of low pay and funding constraints and multiple other complex challenges, how do we elevate the status of care as a profession?

Transcribed feedback

- The workforce – **champion the profession**
- **Disparity of earnings across services** – retention and workforce planning – curbing agencies capping agencies
- How do we **promote care as a profession, how do we elevate it**?
    - We share good practice, focus on the service
    - Peter's quote about **adding care to your life as a way of enriching and adding meaning**
- Where is the workforce coming from?
        - available resources
        - communication (language and culture)
- Not enough staff to take on referrals - some with very complex needs
- Recruitment
- Retention
- Staff morale
- Sleepovers and waking nights paid the same
- Attracting people to work in care
- SVQ requirements difficult for some – why do skilled staff need to do this?
- Pay
- Recruitment and retention: **health and social care staff – is there a correlation in terms of pay of these staff?** Potential/actual crisis is now not future
- Challenge the **stigma of working in social care "only a carer"** and unintentional messages from the CI
- Staffing crisis – PVI staff leaving in droves for higher salaries in local authority. Council been recruiting in massive numbers and still 200 vacancies!
- **Workforce**
    - Make it a valued profession
    - Need national campaign
    - Less education driven, more experience and values
    - Let people know about difference they can make
    - Are we losing people who have lived experience
    - 'References'
    - SSSC codes
- the challenges in recruitment and retention in third sector especially are HUGE – **draining constantly to the local authority where T&Cs are better but there is more job security (third sector funding arrangements don't generally support great job security)**
- Care passport for care workers would improve retention and development
- **How can we entice school leavers into care service profession?**
- **No job security if funded**

- Care for staff as well as people in care
- Care for adults in workforce
- Recruitment difficult
- Salaried v cost of service
- **Retention of staff**
- **Zero-hour contracts**
- Pay gets deducted frontline costs
- **Residential costs fixed 2 years**
- Job security
- Scot gov supported teacher pay increase 14% in local authorities but not voluntary sector. Where does 14% increase come from
- Employment issues – **how do we attract the next generation of carers?**
- SW Staffing – recruitment problem. Under funding either no posts/not paying enough

1. Importance of **recognising staff and celebrating positive outcomes**
    - How do we collect and share good practice?
    - Networks of support/local/national
    - Staffing issues:
        - Registration and being compliant
        - L&D
        - Retaining staff
        - Terms and conditions
    - Building supervision into contracts is difficult.
    - Staff who are lone working need to be connected in

- Workforce planning – competing priorities
- Workforce management – leadership
- £15/£16 an hour – care is a profession
- Developing the workforce – training is less of an issue than erosion of front/middle management capacity. Creates difficulties in supporting, mentoring and developing staff – also challenges in managing risk. Need to invest in front line managers
- **Ageing workforce**
- Employment issues – how do we attract the next generation of carers?

Commissioning

Summary

This was also a major topic of conversation across all the events. How can commissioning arrangements be underpinned and driven by the Standards and so support outcomes? Who and which relationships are missing from the commissioning processes and conversations? How can commissioning help achieve world-class care?

Transcribed feedback

- Commissioning **too much about the outputs at the expense of outcomes**
- **Are commissioners looking at the standards** when they are designing their tenders?
- **What's missing is the 3-way conversation – services, people experiencing care and the LA commissioner** as part of the scrutiny process in person
- **Commissioning needs to align with the standards and scrutiny so that it can become about outcomes and not outputs**
- Commissioning: - minute by minute
  - staff not feeling safe/leaving
  - Are care service contracts over/ever scrutinised?
  - Not level playing field
  - **Conversation needs to be with CEs and elected officers** about where money is invested
  - Can CI influence this?
    - Possibly plans for C@Home inspections/strategic
    - Acknowledging where the difficulty is when an inspection happens and in report, eg conditions in the contract
- HSCPs **blocks to joint commissioning**
- Procurement/commissioning need to focus on achieving level par in terms of how providers promote staff quality:
  - Support and supervision
  - Training quality
- Care Inspectorate to influence policy about commissioning
- **Glasgow procurement is sector leading – why can't others follow?**
- Procurement – demands for completion are too much. Light touch needed, link in with CI reports etc
- Procurement and commissioning relationship needs to change!
- **Involving commissioners in aspirations and intelligence gathering is crucial**
- More forward thinking required. Commissioners need to share intelligence
- Commissioners not trusting grades/inspection leads to "double inspection" regime
- **Attention needs to be given to dealing with strategic commissioning issues to enable improvement towards class care** – look at budgets as a whole and focus on true needs
- The relational aspect of commissioning is not based on **equal support/respect and partnership – commissioning can feel threatening**
- Commissioning arrangements –
  - to wrap all duties into assess hours

    - no ability to plan – short term contracts/tenders
- Improve procurement processes – don't understand outcomes

2. Commissioning
   Total mobile system (under 80 hours of care) – electronic monitoring in Fife. Part of contract/paid to the minute/not provided/exceptions report and have to justify SC/CCPS involved.
    - Results in staff not feeling safe
    - Results in staff not taking jobs
    - Double standards for organisations
- Authorities not collaborating with funded providers. Working against us, not with us.
- Cost pressures – commissioning "good enough" vs world class?

Registration

- Responsive registration that is more flexible and rapid
- Registration is difficult
    - Variety of registrations
        - Challenging to providers
        - Person centred – more flex needed
        - Role of relationship manager
- Responsive registration – the 6-month lag impacts young folk
- Keeping the person at the centre of CI processes
- Flexibility
- Timings – things change so quickly for the person – how do we support that?
- Single corporate registration – simplify!
- Introduction agencies for care at home and SDS, lacks registration, risk, lack of oversight

Collaboration

- **Collaboration** – very positive and essential. Needs to be as wide as possible
    - CI can support this and facilitate it
    - Is the language used by CI collaborative? Ie regulatory terms, reports, inspector practice
    - Good in-house QA leads to being able to be inspection ready
- Authorities not collaborating with funded providers. Working against us, not with us.
    -
- Coproduction – younger people will challenge our thinking and help us to think differently
- Collaboration feels very positive – doing it together – positive message today
- Regulatory and improvement relationships key to collaborative working "cultural change"
- Very positive CI input – more of a partnership – consistency/continuity
- Change takes time, esp when changing culture – how can service providers and the Care Inspectorate work together to develop enough trust that we can be confident change will come in time

Outcomes

- Outcome led is easy to do but how do you make it pay?
- Tools for staff to understand and achieve outcomes – "living a good life every day"
- Outcomes not outputs

Resources

- How care is resourced
- Choice is not there about services when coming out of hospital. We are running to stand still
- Competition between private profit (agencies, rise in private care homes) and public good
- At what point does the squeeze on budgets interfere with the provision of quality care?
- What's the Care Inspectorate's role in challenging cuts?

- Care capacity and consistency – how long can we carry on squeezing resources
- How do the HSPCs actually free up monies to integrate successfully?
- Co-production of resources
- Funding
  Lack of funding/ resources leading to decisions/models not outcome focussed
  Budget default model
- Austerity in social care – lack of resources
- Tension between aspiration of choice and control and the pressure on resourcing that provokes competition and conversations about money/costs/beds/services rather than people and their needs

Technology

- Technology in care – emerging trend, huge potential, hugely scary, being used to save money instead of exploiting the massive potential for good
- What does this look like? – iPads? Alexas?
- No choice
- Time
- People with dementia
- Worry of isolating people – less human interaction
- Some social hours being cut – again leads to isolation/loneliness
- Technology being used but could be used more to enhance people's lives not just support efficiency. What about gathering views, understanding needs, truly using technology – participation

Scrutiny, inspection

- Consistency of scrutiny
- Fair working practices and so on – how does CI take account of external factors within its scrutiny?
- Big question – creative about how we inspect care at home – wider role for advocacy?
- Better inspection – better understanding of some of the challenges the service is facing
- Consistency – practitioners on inspection, triangulation with self-evaluation?
- We need to develop our scrutiny to support self-eval as it develops – culture
- Inspections sharing info on good practice
- Discussion about being inspection ready – support from Care Inspectorate. Support for finding benchmark (justice).

Improvement support

- Approachability?
  - Stories of service
  - Get in touch with us
  - Here is how we helped
- The Standards are great but it needs to be accompanied by an offer of what services can access to support them to meet the standards
- Real help for real problems – improvement support and development
- Improvement
  - Time to make improvement

        - Lack of time between insp
        - Especially staffing
        - Collaborative ownership
        - Improvement journey
        - Trust
        - Mental health
        - Adults with incapacity
        - Adult protection
        - Childcare
- See the difference in reports – can go right to the improvement bit

Celebrating and sharing good care

- Sharing good practice – for podcasts??
- Celebrate good care in the media – good care really matters – aspiration to the standards and world class care
- Why isn't the media highlighting the good stuff?
- Lots of good practice examples – need to share these with each other
- Promoting good practice
    - Information sharing
    - Policy templates
    - CI Hub development – share innovation
- Spreading the message to everyone about the new standards – does everyone actually know (not just the sector)
- How do we promote and value good quality care?
- Using grades to promote and shout about quality care
- Shared learning from good and challenging situations should happen more
- What does good care look like – how did they get there – share it to spread this process of improvement to support services to provide better care

Self-evaluation/new frameworks

- Self evaluation
- Guide to self evaluation
    - Where is that?
    - Not on planner?
- New framework is leading to better dialogue – are there mechanisms to do that on a more continuous basis between services and inspectors/the CI?
- Self evaluation and the role it has – welcome guidance that's coming.
- Self eval for self improvement – Care Inspectorate doesn't have practitioners in inspection teams

Self-directed support

- Self directed support – not being used properly
- Risk averse attitude towards SDS
- Resources don't exist (SDS) "buy into"

Expansion

- Choice for parents is reduced though too
- Timescales for implementation unrealistic
- Future problem LA not having money to sustain nurseries – too big

3. Expansion
    - Early years – trusted through qualifications -standards of care falling in terms of workforce.
    - Impact not thought of early enough
    - Preference of provider – drain to LH (pay and conditions)
    - Pressure on nurseries. Is CI seeing this?
    - Bringing people up to right level really hard, takes time
    - Children are being seen as numbers. We are losing sight of heart of expansion due to poor implementation of policy from local authorities
    - Support for children and families regarding professional engagement
    - Blended models – if we leave it open, when does it become detrimental to children?
    - Lack of communication. Council not spoken with funded providers since March and not likely to until Sept due to procurement in process. We have to implement in August 19 but still so many unknowns

Other challenges and discrete parcels of feedback

- Reduce the "postcode" lottery experience of the people we support – equal levels of service and how it is spread across the country
- Rise in private care homes
- Charging for support affects how people interact with care services
- To provide care and support in a person-centred way – support plans are still a challenge
- Gap between health and social care especially for young people
- More consistency with paperwork – communication
- Older people's care homes - better working across HSCP
- Too much focus on grades and links to fees – not quality of care
- Experience from L&D services – integration has seen more emergence of health in these services – they have been driving forward clinical pathways – some value BUT taking us backwards in some ways – when people were moving out of hospital it was about building a life (with all its attendant risks and messes…). How do we take the best of both?
- 32 different understandings or opinions of National Standards
- Competing demands (where the risks ahead lie)
- Need for creative thinking responsive and flexible approaches to meet change and challenge ahead and respond to risks that lie ahead, for example…
- Growth in private providers in rural areas – cross council placements, duty of candour risks, communication, co-ordination
- Services for children and young people – "high cost' placements – need to consider cost not just in £££s but cost to young people. Need evaluation of whether Scotland excel contract is really improving experiences and outcomes for the young person
- More intelligence = more data, but who controls the data?
- C&YP Act shows the problems around information sharing
- Involving people is fundamental
- Aspirations have to be realistic
- Need for better intelligence for service planning
- GDPR as a barrier to information sharing
- Role of the Care Inspectorate – driving the conversation

- How do we bring care issues into focus for the general public?
- Good practice vs best value
- Require societal change
- Can the Care Inspectorate facilitate a public discussion on good quality care? What could providers do in enabling that discussion?
- Can you trust grades?
- Open and honest risk taking – what the person needs!
- Citizenship is important
    - How do we enable this more
    - Lets not suffocate but have the right relationship
    - Really respect people's rights
- Compassion
    - Has the wider system impacted this?
    - The squeeze is too much
- How can the CI impact policy
- Understanding what good care looks like and why
- Adoption/fostering – how to increase participation
- Single person moving and handling
- TEC
- What are we prepared to do, look after all vulnerable people
- Demographics
- People living longer with more issues/poorer health
- Early intervention
- Budgets being cut
- Targets getting harder to meet
- **Key issues in care – now and future**
    - Care homes older people – increasing challenge of levels of distress leading to physical aggression at time when external support/resources are diminishing
    - "Cross fertilisation" of experience and learning within Care Inspectorate
    - Consistency of inspection experience and outcomes – how build relationship of "collaboration"
- **Significant issues impacting on services**
    - Recruitment and retention of staff
    - Increased complexity of needs/medicalisation
    - Eligibility for services/threat to early intervention
    - Challenges to relationship based practice (continuity, gaps, time)
    - Poverty/inequalities gap widening (national)
    - Choice and control v/s poor choices, diet, etc
- **Policy intention and practice implementation**
    - Preventative aspect
    - Well for longer and reduce need for services
    - Eg SDS – can be transformative; benefits realisation ++
    - Need to invest for the longer term.
    - How can CI influence? Highlight areas of good practice and spread innovation
- **Intelligence led**
    - Influencing and shaping policy by CI can be very impactful. Part of new corporate plan. Proactive approach. Data rich organisation.

- **Integration health and social work**
    - So many different versions
    - Lack of evidence on ground of impact
    - Strategic level
    - Where is it working well?
    - Impact of different models of integration on services
- Transformation change adults
    - Drivers – quality ⟷ money
    - SDS
    - Technology
    - Overnight support
    - Adult services
    - Clear/honest agenda
- **Frameworks**
    - Children – lack of clarity and joined up care and ed
- **Others**
    - Building placed C@H really challenging
    - Having different focus – good and weak ex
- Suggested solutions
  – Scot gov finance whole sector
  - ensure all providers same conditions
- Open and honest risk taking –
    - can people really have choice?
    - What do SW say and think?
    - What do CI say and think?

Inspection/Inspector feedback

- Consistency in inspection – measurable
- Adult social; care @ home – reform information
- Early years provision expansion
- Two inspection frameworks
- Value of care/support professionals
- Where will we get staff?
- Technology in care – robots
- Funding – and sustainment
- State of the health service - demand
- Realistic conversations
- Transparent intelligence gathering
- Ageing population
- Medical; advancements – more complex needs in the community
- Need to raise the expectations of what care they should expect
- Information and resource lottery
- Better/universal ways to evidence needs